## STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES WILDERNESS SCHOOL

## **AUTHORIZATION FOR DISCLOSURE OF INFORMATION**

i authorize the whiterne	ess school to disclose/obtain	i me miormai	mon marcated below pertaining to (please print of type)
Student Name Date of Birth			Date of Birth
To/From (Name of Refe	erring Agency)		
doctors, or hospitals an		ed to, juvenil	though such are considered confidential by the source, i.e. schools, le or adult court records, police records, psychiatric records, medical ne Wilderness School.
	c/obtain may be revoked by n, Expedition, and Follow-u		tten request at any time. This consent expires upon completion of the s School program.
	Section 17-431. T	herefore, the party withou	red by Connecticut Statutes, Chapter 320, are received information shall not be at prior consent or other authorization as
Pursuant to Connecticut	Public Act 89-246, parties	to whom this	s information is disclosed will be informed:
	confidentiality is pro- making any further di the person to whom i	tected by States is closure of it pertains, or for the release	sclosed to you from records whose ate Law. State law prohibits you from at without the specific written consent of as otherwise permitted by said law. A see of medical or other information is not
Student Signature	Ι	Date	Address
Witness Signature (Referring Agency)	Date		Title
Parent signature mandat	tory for students under 16.	Parent signati	ure advisable for students over 16.
Parent/Legal Guardian Signature		Date	Relationship
Witness Signature (Referring Agency)	I	Date	Title